ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1964.

GUERNSEY:

1965.

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Report of the Medical Officer of Health for 1964

Lukis House,
Grange,
Guernsey.
30th April, 1965.

Sir,

I have the honour to present to you my Annual Report on the health of the Bailiwick of Guernsey for the year 1964.

I have the honour to be, Sir,

Your obedient servant,

A. T. G. THOMAS, M.D., B.S., D.P.H.,
Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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INTRODUCTION

The Administrative Background

The administrative area embraced by this Report includes Guernsey, Alderney, Herm, Sark, and Jethou. Communication is by air and sea to Alderney and by sea to the other Islands. To anyone unfamiliar with the Island who wishes to study the information contained in the Report it is perhaps helpful to note that the whole background differs in many respects from that of a conventional local authority on the mainland.

The Public Health Department functions under the Board of Health, which is one of the standing committees of the States of Guernsey and it derives its powers and responsibilities largely from local legislation. This means virtual independence from the mainland in the field of public health, though in practice valuable assistance is given in dealing with certain problems by the Ministry of Health and the Wessex Regional Hospital Board. Further, the Island is outside the scope of the National Health Service, though an arrangement exists on the one hand for the treatment of visitors and on the other for Island patients to receive treatment on the mainland for ailments for which suitable provision does not exist here.

Another interesting feature is that the static nature of the population makes epidemiological and environmental study of the people easier than in a mainland community, and this has in fact attracted one or two research workers in these fields. The population may be divided roughly into urban and rural communities and the main occupations are the growing of tomatoes and flowers, and commerce. Light industry is showing some promise of development, and of course the substantial number of summer visitors is a valuable economic factor.

TABLE I

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 24.5 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS

SUNSHINE:

Total hours, 1964	1,724.5	Sunless days, 1964	81
Average, 50 years	1,877.6	Average, 50 years	58

Comparative sunshine hours, 1964

Highest total hours in the British Isles:

1. Jersey (Gorey Castle) ...	1,868.2	4. Jersey Airport	1,791.9
2. Jersey (St. Helier) ...	1,843.1	5. Eastbourne	1,774.2
3. Shanklin	1,823.4	6. Bognor Regis	1,754.1

RAINFALL:

Total inches, 1964	32.25	Rain days, 1964	167
Average, 50 years	35.83	Average, 50 years	188

TEMPERATURE:

	°C.	°F.
Yearly mean	10.3	50.6
Average, 50 years	10.7	51.3
Mean daily range	4.6	8.4
Average, 50 years	4.9	8.9

WIND:

	Calm	N.	NE.	E.	SE.	S.	SW.	W.	NW.
Days in the year	10	20	53	44	41	32	55	56	55

Force :

Monthly mean	3.6	Gales	5
Average, 119 years ...	2.9	Highest gust	80 m.p.h.

"Public opinion is a very great force—it is indeed almost everything. With it nothing can fail: without it nothing can really succeed. Consequently, he who moulds public opinion goes deeper than he who enacts statutes or pronounces decisions. He makes statutes and decisions possible or impossible to be executed."

Abraham Lincoln.

GENERAL

Important developments took place in regard to personnel serving the Board of Health. In June, 1964, Mr. George Austin, who had served the Board for 33 years, retired having reached the age limit. He had established a long record of devoted service, including the very difficult period of the German occupation, and we wish him a long and happy enjoyment of his retirement. In his place we welcome Mr. J. Ball from Bebington, Cheshire. We look forward to having the benefit of his extensive experience of mainland practice. We were sorry to lose the services of Mr. A. T. Galliott who had been with us for 15 years, but there was consolation in the fact that he was transferring to another important branch of States service, that is, the States Tourist Committee. In this capacity he will have the benefit of experience in this Department, as well as having close contact with us, since we are naturally very interested in the catering side of the hotel trade.

The reorganisation of the Health Visitors' districts and School Medical work settled down smoothly and, there is no doubt, with increased efficiency. A significantly important step was the giving of approval for an establishment increase of two more Health Visitors, which will enable the work to be further divided, so to bring closer contact with individual families. It is to be noted, however, that this really only means in effect the establishment of three full-time Health Visitors and three whole-time School Nurses, since their time is divided equally. This is much below the accepted ratio on the mainland.

A further important strengthening of the service is the anticipated enlargement of the Health Inspectorate establishment by two more Inspectors. This is in line with the proposed much increased activity of the Department in the field of sanitation and hygiene. This applies particularly to the matter of food control and the hoped-for introduction of legislation similar to the Food Hygiene (General) Regulations, 1960, and also our efforts to solve the problem of the spread of intestinal infections which has so far given us much anxiety. In this connection it is to be noted that we are not alone, since the same situation exists on the mainland.

Other duties which will be continued are co-operation with the States Dairy in milk supervision and with the Water Board in the problem presented by the possibility of contamination by agricultural chemicals. Although there is no evidence as yet that this can occur to any extent, the situation needs careful watching.

Much time was spent during the year in an endeavour to meet the ever present and increasing problem of the care of the aged, and this will be dealt with in detail later in the Report. So also will the matter of housing and slum clearance and co-operation with the Housing Authority.

In July a conference was held with social workers, health visitors and district nurses, resulting in an interesting interchange of views. This will also be dealt with in detail.

A most progressive step was taken by the Civil Service Board in instituting a series of talks to civil servants from all Departments—given by senior officers of the States dealing with the functions and special problems of their own departments. Apart from the extreme value of each individual understanding the overall structure of the organisation in which he serves, he can also acquire a fund of general knowledge which will enhance his usefulness in the Service. More important even than this is the reviving of a sense of corporate existence and team spirit which had somewhat failed owing to the isolated operation of many of the States Departments.

Another new arrival during the year was Dr. J. A. Gumbrell to take charge of the Castel Hospital and its ancillary services. It is hoped that increased co-operation between the health and mental health services can bring about a development of the preventive side of the former. The extent of mental illness and its impact on the economy and welfare of the community is perhaps not widely appreciated. For example, in England one man in 20 and one woman in 14 is likely at some time to require in-patient psychiatric treatment and twice that number, that is one man in 10 and one woman in seven, out-patient treatment. It is not possible to quote the exact figures for Guernsey, but there is no reason to suppose that we should be particularly better in this respect than people on the mainland.

Another encouraging event during 1964 was the long awaited appointment of Mr. F. Silvester White, as Island Development Officer. There is no doubt that he faces a formidable task. The control of caravans and temporary dwellings would seem to be inadequate, as the only control over them relates to whether they can or cannot be seen from the public highway. There is nothing to commend a situation like this where people can presumably live like animals provided they are not seen to be doing so. If any point were needed to emphasise this, a visit to the despoiled areas of the south coast of England should be convincing. Naturally, this Department will endeavour to maintain close touch with the appropriate Committee inasmuch as the impact upon public health is concerned.

A welcome visitor in May was Professor F. Heaf, one of the foremost specialists in tuberculosis. He addressed an interested group of nurses at the Boys' Grammar School and expressed himself as favourably impressed by the measure of control of this disease which we have succeeded in establishing.

In April the Annual Health Congress of the Royal Society of Health held at Torquay was attended. Some very interesting topics were dealt with, including the role of the family doctor in preventive medicine, mental health services, handicapped children, geriatric care, training for parentcraft, housing, drug and alcohol addiction, food hygiene, health visiting, public health nursing and marriage guidance. One of the sessions which had particular impact was that on addiction and the increase of this in the population was, understandably, causing considerable anxiety to health authorities. Also of especial interest was the symposium on the "non communicative" child; and it seemed that an important condition known as "autistic" was now being really recognised for the first time. This, in fact, amounted to a pathological retreat from his environment by the child and it could be recognised and treated effectively. Once again, at its close, the impression remained that many health authorities in England were opening up new and valuable avenues in the direction of public service and the promotion of health in their communities—avenues which, alas, we have not yet even got around to considering, owing to our heritage of inaction in this field.

Once more I should like to express appreciation for the help and co-operation given to the Department by the Board, the Education Council and its Officers, and other States Departments, and to commend the effective work of the staff.

POPULATION

The 1964 estimates are as follows:

Guernsey	45,475
Alderney	1,472
Sark	560

As regards visiting population, the registered accommodation available for tourists in 1964 totalled 11,199 beds. There were 120,345 passenger arrivals by air and 62,076 by sea, making a total of 182,421.

Births

In the year 1964 there were 891 live births registered in the Island. Of these 453 were males and 438 females. The Birth Rate is therefore 19.6 per thousand. The corresponding rate for 1963 was 18.5.

There were 7 stillbirths as against 13 in 1963 giving a rate of 7.86 per thousand live births. There were 70 illegitimate births 7.86% i.e. 1:12.7 live births during the year, as against 51 in 1963, an increase of 19.

Deaths

There were 540 deaths in 1964, 2 less than in 1963. This gives a crude death rate of 11.89 per thousand and a corrected death rate of 10.22 per thousand. The correction is related to the particular age and sex distribution of the population in Guernsey and the Comparability Factor is 0.86.

Comments on Causes of Death

1. *General*

Once again a study of the causes of death during the year 1964 shows a substantial degree of uniformity of pattern, and this will be evident from the figures for individual diseases which will be studied below. It is not easy to make any concrete deduction from this unless it is that it is a reflection of the static nature of life in our community. The pattern of life seems to be much the same from year to year and these environmental factors leading to death from certain causes seem to be constant. The point is to what extent are they capable of prevention or modification so as to reduce the number of deaths occurring below the normal expectation of life. It might be possible to undertake an analysis of the pattern of disease here and to compare it with some similar district in the United Kingdom but such an exercise may be a good deal more complicated than it might appear, since so many environmental factors would need to be taken into consideration.

2. *Pulmonay Tuberculosis*

There were three deaths as compared with six last year and it is likely that this low figure will continue or even further diminish. A study of health conditions in the Island 50 years ago (in 1899, for example, there were 240 deaths from this disease) illustrates the immense progress which has been made in its control. This has been brought about not ony by the advent of potent drugs for treatment but by improvements in housing and nutrition and, of course, vaccination. There is, however, no cause for a complacent neglect of these factors just because we have secured control. Actually there is every reason for continued vigilance. The causal organism remains virulent to the individual and the diminution of the disease in a community leads to a recession of individual immunity.

3. *Cancer*

Cancer of the lung is dealt with elsewhere in this report. As to the total deaths from cancer of all sites, as usual the figures for 1964 (100) were the same as for 1963 (100). Again the commonest site was the stomach (15 cases in 1964 against 16 in 1963) and, next, the large intestine (9 cases against 4 in 1963). This gives some food for thought. Why should the stomach and intestine be so frequently the site for malignant disease? The obvious question is: has this any relation to diet? It has long been established that chronic irritation can be a cause of cancer but it is not easy to relate this to any particular dietetic habit, admitting that there is a tendency to excess of carbohydrate in the Islanders' diet. There seems to be some association between gastric and intestinal disorders and defective teeth. The dental condition of the average adult does not seem to be particularly good. Happily the School Dental Service is gradually bringing about a general improvement, in that young people are now leaving school with their teeth in infinitely better condition.

4. *Coronary Thrombosis*

The figures for 1964 are 91 deaths against 95 deaths in 1963 and for circulatory diseases generally, 188 in 1964 against 183 in 1963. Here we are still on rather uncertain ground. In spite of the high incidence of circulatory diseases our knowledge of their causation still leaves much to be desired. Three factors are fairly recognised. One is defective diet, another the increased tension due to the speed of modern life, and thirdly the ageing of the population. Accepting this last influence as inevitable; can nothing be done from the point of view of environment in order to minimise this impact? At present little seems to be possible except to endeavour to educate the public as to the proper use of leisure and to accept general ideas of healthy living.

5. *Bronchitis*

This was shown as a factor in death reports in 13 cases as against 12 last year, but figures of this kind are of doubtful value since so many older people suffer a degree of chronic mild disability. Nevertheless, there is a very strong impression that our island is very much better off in regard to bronchitis than most places in England, where the disease is regarded as a major problem, particularly in urban communities. This is especially surprising in view of the average age of our population.

6. *Senility*

Comparative figures are 1963—50 and 1964—46. These are cases where senility must be regarded as the prime cause of death although precipitating causes might be, for example, pneumonia or bronchitis. Perhaps the proportion of deaths from senility as compared with other causes might be taken as some indication of the standard of health of the community.

Cremations

Year	*Total*
1954	74
1955	55
1956	70
1957	69
1958	50
1959	65
1960	73
1961	80
1962	99
1963	106
1964	102

During the year there were 102 cremations as compared with an average of 77 over the past ten years or so and 106 in 1963. It is somewhat disappointing that the upward trend in cremation has not been maintained. During the past twenty years or so the value of, and pressure on land, has steadily increased and it is becoming more and more uneconomic and undesirable to take up space with extended cemeteries. We can learn a lesson here from the mainland where 60% of deaths are dealt with by cremation. This compares with a percentage of 19.63 in Guernsey. It is, of course, natural that in any community there is certain conservatism in this respect, but every year the aesthetic and religious opposition to cremation is dwindling away.

There are two ways in which to encourage this form of disposal of the dead. One is by education of the public and the other to make economic improvements. It is hoped that there may possibly be a still further reduction in the very modest fees at present payable for cremation in the Island.

TABLE II *

YEAR	Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000	No.	Crude rate per 1,000	Adjusted rate per 1,000	No.	Rate per 1,000 Births
1946	38,038	872	22.9	431	11.3	7.9	35	40.1
1947	40,674	900	22.2	419	10.3	7.2	30	33.3
1948	43,179	870	20.2	445	10.4	7.3	17	19.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32

* TABLE II—Note (*a*) Methods of estimating the mid-year population were changed in 1958 and 1964 in an effort to achieve greater accuracy.

Note (*b*) Estimates for 1963 and 1964 are based upon preliminary population figures compiled from the 1961 Census Returns.

Maternal Mortality

The long series of years in which no death attributed to pregnancy or childbirth occurred was broken in 1964—but the circumstances were such that nothing could have been done either to foresee the fatality or to prevent it when the situation developed. While the death must be classified as being a complication of childbirth it was associated with systemic disease present at the same time and the outcome was unhappily inevitable.

In July a meeting was held at Lukis House to survey the position in regard to ante-natal and other services and, in particular, to see if we could achieve any reduction in the neo-natal mortality rate of 28.5 for 1963. The meeting was attended by representatives of the Maternity Hospital and of the District Nursing Associations and by the Health Visitors. It emerged that over a five year period the cause of infant deaths in half the total cases (81) was prematurity (41). This seemed the subject most worthy of study. It was agreed that an even closer link should exist between district nurses, health visitors, doctors, and the expectant mother. This might be associated with an ante-natal clinic, other than that conducted by the Maternity Hospital, where mothercraft could be systematically taught. The question of early discharge from the Maternity Hospital was also discussed and the point was made that prompt notification of this should reach District Nurses and Health Visitors.

The "Blue Form" was discussed and an urgent need for amendment of the law was expressed. It was felt that official financial support should be available over a longer, or the whole period of pregnancy. Discussions are in progress with a view to amending the present legislation in relation to emergencies.

The impression gained from the meeting was the considerable value of occasional discussions between all those concerned in the welfare of expectant mothers and young babies, particularly since the system of parochial fragmentation continues. There is a very good case indeed for the unification of the nursing services in order to promote efficiency and economy.

Infant Mortality

The number of deaths under one year of age was 19 giving an Infant Mortality Rate of 21.32. The rate for 1963 was 28.5 and for 1962 was 17.6 per thousand live births. There were 14 deaths under one month giving a neo-natal death rate of 15.71 per thousand live births. The rates for England and Wales in 1963 were: Infant Mortality—21.1 Neo-natal—14.2.

Marriages

Three hundred and twenty-nine marriages took place during the year as against 358 in the previous year. The corresponding rates are 7.23 and 7.75 per thousand head of population.

THE GERIATRIC PROBLEM

It will be recalled that in January, 1964, it was agreed that a determined effort should be made to relieve the anxiety and hardship suffered by both geriatric patients and their relatives, when the former had reached a stage where rehabilitation or institutional treatment had become essential. It was evident from our own experience and that of authorities on the mainland that it was not simply a question of providing institutional accommodation for anyone who appeared to need it but that there were four lines to follow.

(1) Home care with assistance to the relatives.

(2) A short stay in an institution with rehabilitation and return home.

(3) Placement in " Welfare " type of home for people who could help themselves to a degree.

(4) Complete institutional treatment for the helpless.

As far as these changes have been explored there has been much difficulty in arranging any sort of home care and while plans for a rehabilitation unit exist it has not been possible to bring it into being.

As regards institutions, no progress has been made in the establishment of co-operation with Longue Rue House from the point of view of some " welfare " cases. The only fair way both to secure accommodation for the most urgent cases and to see that the appropriate type of case was placed in the proper surroundings was to base the whole procedure on a recorded assessment which had to be kept up to date from day to day. When application was received from a Doctor or relative, investigations were made by a Health Visitor and a record card added to the file. Inevitably, it was not found possible to find accommodation for all applicants except after a lapse of time which was sometimes considerable. It is pleasing to report that in spite of the difficulty which this caused to many of the Island's Doctors they all understood the position and were most co-operative.

Now as to future plans and commitments. The figures are as follows:—

January, 1964	*Males*	*Females*	*Total*
Total waiting list	32	84	116
June, 1964			
Total waiting list	29	83	112
January, 1965			
Total waiting list	32	63	95

	Deaths	*Admissions to Institutions*
Between January, 1964 and January, 1965 ...	50	47

It will be observed that there is little difference between the 95 persons remaining on the waiting list in January, 1965 as compared with 112 on the 30th June, 1964, and 116 persons on the list in 1964. The implication of these figures in relation to future planning seems to be that were we able to find some thirty male geriatric beds and 60 female, the situation would remain stable for a long time. There are, however, certain factors which must be taken into consideration in this estimate.

(1) *The possibility of improvement in Home Care*

The outlook here is not very encouraging. Owing to the competition of the hotel trade, commerce, and farming, home helps are almost impossible to obtain.

(2) *The absence to date of a Rehabilitation Short-stay Unit*

This has possibilities in that a certain number of persons can be rendered fit to remain for a further period in their own environment. It is very difficult to assess the number of these until such a Unit becomes available.

(3) *" Welfare" Accommodation*

This type, intended to care for people who can help themselves to some extent, can also relieve pressure on the " hospital " type of accommodation. So far little progress has been made, but more might be achieved with co-operation from the Housing Authority in regard to Longue Rue House, and the Committee controlling the Hostel of St. John. Again, the effect of the increased availability of such accommodation in relieving pressure on the hospital accommodation cannot be really assessed until it is further developed.

By whatever means such accommodation is provided, it is essential for efficient administration that admissions to it are under the control of the Board of Health as the central administrative body.

TABLE III

Census 1951

Ages—(Five Year Groups)

Age last Birthday	*Guernsey including Herm & Jethou*		
	Persons	*Males*	*Females*
65-69	1,831	816	1,015
70-74	1,517	660	857
75-79	1,016	430	586
80-84	567	207	360
85-89	248	84	164
90-94	47	17	30
95 and over	11	1	10
Aged 65+	5,237	2,215	3,022

Census 1961

(Preliminary Information)

Ages—(Five year Groups)

Age last Birthday	*Guernsey including Herm & Jethou*		
	Persons	*Males*	*Females*
65-69	2,099	873	1,226
70-74	1,649	646	1,003
75-79	1,229	468	761
80-84	749	284	465
85-89	346	119	227
90-94	86	22	64
95 and over	14	2	12
Aged 65+	6,172	2,414	3,758

INFECTIOUS DISEASES

King Edward Sanatorium

Patients admitted during 1964

Diseases	*Cases*	*Deaths*
Pulmonary Tuberculosis	11	1
Pulmonary Tuberculosis and tuberculosis of the Larynx	1	1
Tuberculosis of Kidney	1	—
Pulmonary Tuberculosis—Bronchial asthma and Duodenal Ulcer	1	—
Erythema nodosum	1	—
Shingles and Chicken Pox	1	—
Paratyphoid Fever	1	—
Erysipelas and hypertension	1	—
Carcinoma of Bronchus	1	—
Shingles	1	—
Tonsilitis	1	—
Gastro enteritis	1	—
Infective Hepatitis	2	—
Streptococcal throat infection	1	—
Measles and Bronchopneumonia	1	—
Measles and Septic Eczyma	1	—
Chickenpox	5	—
Glandular Fever	1	—
Whooping Cough and Bronchopneumonia	3	—

Admissions to the Sanatorium totalled thirty-six, precisely the same number as were admitted in 1963. There were in addition twenty geriatric cases dealt with, of whom seven died during the year.

Of the infectious diseases other than Tuberculosis there were five cases of Chickenpox and three of Whooping Cough, the usual pattern for infectious diseases at present.

Tuberculosis

Eleven cases were admitted and treated as against fifteen last year and there were two deaths as against three in 1963. This gives an attack rate of .24 per thousand and death rate of .04 per thousand. This follows the usual pattern and may be taken as an indication of the gradual fading out of the disease from our midst. This is a process which has been consistent over the past ten years, naturally becoming slower as time goes on. The policy of returning patients to their homes as soon as their condition warrants it, and their attendance as out-patients, continues to show good results. This is in some measure due to the very gratifying co-operation of patients and family doctors. The whole key to out-patient treatment is regular attendance at the clinic and the consistent taking of the proper drugs at home. Credit must be given to the common sense of so many of the patients.

Once again we have experienced difficulty in finding suitable empolyment for the partially disabled. This is really a pity, since not only does such employment relieve some of the burden to the taxpayer but is also good for the morale of the patients. Perhaps at some future date the establishment of some factory or similar organisation will provide an outlet for their energies.

Tuberculin Testing and B.C.G. Vaccination

Tuberculin testing of young persons and adults continued during the year and 958 schoolchildren were tested. 445 children were protected against tuberculosis by B.C.G. compared with 722 children protected in 1963.

Poliomyelitis

Once again we can congratulate ourselves on the complete absence of the disease from our Island. This continues to be attributable to the steady protection given to the public by vaccination and there is no indication for not continuing to do this, since side effects from this procedure are virtually none. It is always possible, moreover, that one case might arrive from the mainland either incubating the disease or as a silent carrier.

During 1963 there were 702 inoculations by Island Doctors and 1,240 by the Public Health Department. In 1964 the figures were 1,361 by Island Doctors and 601 by the Public Health Department.

Diphtheria

Once again our record was clean but much the same applies as to Poliomyelitis. The importation of the disease is always possible although it has virtually disappeared from our population. This means that "herd" resistance diminishes almost to vanishing point. Owing to technical advances, and for other reasons, recommendations were made for the legislation connected with compulsory protection to be amended but this proved a more complicated proceeding than had been anticipated and negotiations were continuing at the end of the year.

TABLE IV

VENEREAL DISEASE

	Male Section			*Female Section*		
	1962	1963	1964	1962	1963	1964
1. Number of persons under treatment or surveillance on 1st January:						
Syphilis	9	10	11	2	1	4
Gonorrhea	14	8	8	1	1	1
Non-specific or non-venereal conditions	3	1	5	1	11	—
2. Number of persons previously removed from register who returned for treatment due to re-infection	—	—	—	—	—	—
3. Number of fresh infections during the year:						
Syphilis contracted localy ...	1	—	2	—	1	1
Syphilis contracted outside of the Island	—	2	1	—	3	—
Gonorrhea contracted locally ...	7	11	11	4	8	4
Gonorrhea contracted outside of the Island	10	17	18	—	—	—
Non-specific or non-venereal conditions contracted locally ...	17	16	15	10	11	1
Non-specific or non-venereal conditions contracted outside of the Island	11	4	1	—	—	—
4. Cases discharged:						
Syphilis	—	1	6	—	—	—
Gonorrhea	23	28	4	4	8	5
Non-specific or non-venereal conditions	27	19	4	—	22	1
5. Number of persons remaining under treatment or observation on 31st December:						
Syphilis	10	11	7	2	4	5
Gonorrhea	8	8	29	1	1	—
Non-specific or non-venereal conditions	4	5	24	11	—	—
6. Number of attendances	374	418	492	14	76	79

Enteritis

The main season showing some increase in enteritis appeared to be the spring, though not on quite so formidable a scale as in 1963. Enquiries made on the mainland, including some addressed to resort towns, showed the same pattern and we should not regard ourselves especially afflicted. Nevertheless, it is unsatisfactory not to be able to pick out any particular possible causes and to apply efforts at prevention. Naturally, since food, water and milk are well controlled, one looks at the sanitary background generally, in particular at our cesspits, but little can be proved.

It is satisfactory to note that the Education Council is following a steady pattern of improvement in sanitary conditions in schools.

The real reason why the spread of intestinal infection, however mild, should be watched, is that if such a spread can take place it can be argued that a more virulent infection can also do so.

TABLE V

Guernsey

Year	*Cancer All Forms*	*Cancer of Lung*
1954	78	9
1955	81	18
1956	68	11
1957	104	19
1958	102	25
1959	97	21
1960	100	16
1961	98	14
1962	114	28
1963	100	28
1964	100	19

	Cancer all Forms		*Cancer of Lung*		*Cancer of Lung per 1,000 of population*	
Year	*Jersey*	*Guernsey*	*Jersey*	*Guernsey*	*Jersey*	*Guernsey*
1963	162	100	33	28	0.54	0.61
1964	157	100	40	19	0.65	0.42

Cancer of the Lung and Respiratory Passages

The number of deaths from cancer of the lung was 19. Total deaths from cancer of all forms totalled 100. This is yet another example of the remarkable consistency of our health statistics which might well demonstrate their accuracy. One might think the chance that the number of deaths from cancer would be the same from one year to another would be remote yet, in fact, the number for 1960, 1963 and 1964 has been exactly the same. Specifically on the subject of lung cancer the 1964 figure of 19 agrees with that of 1957, but a diminution of 9 cases in 1964 as compared with 1963 should not be regarded as having any especially encouraging significance, and it would be surprising if a similar figure appeared next year. Once again steady but not particularly aggressive propaganda against cigarette smoking was continued in schools, and in addition a network of poster display frames was planned. The more one studies the problem of health education on this subject the more it seems that schools should be the main channel and that teachers can play an important part. This is a matter which only they can decide.

The progress, however, which has been made in other fields may well have an indirect effect here. The abolition of television advertising is a major step and there is little doubt that this will be followed by further modification of advertising. The time may even come when the drastic American expedient of printing warning notices on every packet of cigarettes sold may be adopted. The continued impact of this may produce far more significant results than have so far been achieved though it can be expected that vested interests would put up a stiff opposition.

A LOOK AT THE PAST

When we are considering the impact of disease and death on our population of the present day it is interesting to look back at conditions as they existed 65 years ago. It is, of course, accepted that certain rates are universally used to assess the health of any community. These are expressed in terms of units per thousand of the population. The rates usually studied are those of infant mortality, general mortality and infectious diseases. Thus in Guernsey in 1899 the general death rate was 17.9 per thousand of the population and in 1963 it was 8.21 corrected. Of course, it must also be borne in mind that the average age at death has considerably increased since those days, when the expectation of life of any child would be well under 60 years. The infant mortality rate was 135 per thousand live births, today it is 28.5. This is one of the best indications of the state of general health and sanitation. More meaningful, perhaps, are the figures for infectious diseases. In a population of about 38,000 there were 121 cases of diphtheria with 23 deaths, 240 deaths from tuberculosis and 40 deaths from diarrhoeal disease, mainly infants. Now there is no diphtheria, practically no tuberculosis and fatalities from diarrhoeal disease are virtually non-existent.

We have much to be thankful for.

FOOD CONTROL

It is very pleasing to record that our progress in this field has been steadily maintained. No illness which could be traced to the consumption of unsound food came to our notice and complete co-operation with food shops, hotels, and caterers seems to be permanently established. A little trouble arose owing to occasional contamination of bread but the firm concerned did everything in its power to remedy matters. The turnover of flour stores by wholesalers, which had fallen somewhat in arrears, was brought to a fixed period of holding, thus minimising risk of deterioration.

An event of interest was the opening of a section of a supermarket—devoted to the sale of cooked foods—designed and constructed to the highest possible standards. The value of this is not only the provision of another opportunity for the public to enjoy such an amenity but the example which it sets to other similar firms. The era of large quantities of pre-cooked foods displayed to the public in windows which are unrefrigerated and where the food is exposed to flies and dust must come to an end. It is anticipated that those firms which still persist in this practice will ultimately feel that they must discontinue it because customers, educated to better standards, will take their business elsewhere.

As usual, all catering establishments, other than small guest houses, were inspected at least twice and the schedules and requirements checked. It is hoped to extend this check to smaller establishments in due course.

HEALTH LEGISLATION

As reported last year little progress has been made, though a new approach to food legislation may help. One new move was the abandoning of the idea of endeavouring to secure the introduction of legislation similar to the Food and Drugs Act, 1955 in full, but instead to recommend the adoption of legislation similar to the Food Hygiene (General) Regulations, 1960 which are infinitely shorter and simpler and should give adequate legal authority. There remains the desirability of tightening control on the neglect by householders of their cesspits and in clarifying the law relating to the demolition of derelict buildings and their removal, so as to clear potentially useful building sites. The wastage owing to the non-removal of derelict buildings is considerable and there is also the danger to public health since they are used as latrines and provide harborage for rats.

There is, of course, also a need for legal revision in the matter of the closure of houses which have become unfit for occupation. Too often formal closure is followed by illegal re-occupation and our present powers for controlling this are inadequate.

HEALTH EDUCATION

Another matter which has occupied the Department during the year is the question of health education and public relations, which are closely allied. These are subjects which receive more and more attention in conferences and in the current literature of the public health field. It has, in the past, been a task very little explored here. Practically all work done is in the schools as part of the regular routine. This, of course, is valuable but it is only half the story, and we are at present denied another very important field inasmuch as there is no organised maternity and child welfare service which caters for the systematic training of young mothers and young children and is an accepted feature in normally developed communities. The first move in this direction would, of course, be in the re-organisation of the nursing and midwifery services.

During the year, an effort was made to make some contact with the people in health education by addresses given by the Medical Officer of Health at evening sessions of Women's Institutes. So far as could be ascertained this was well worth while and much interest and enthusiasm were shown. It is a pity that this field is necessarily somewhat limited at present.

Taking the matter of health education as a whole, this is a subject which seems both provocative and at the same time some-what baffling. It seems reasonable to believe that so much can be achieved by educating the public to a much greater degree of co-operation in improving their own environment and co-operating with the efforts of the local authority on their behalf. It seems equally reasonable to believe that if taught to do so people, particularly young people, would adopt a healthier mode of living to their substantial benefit. The difficulty is how to make the approach on a wide enough and intense enough scale to be effective, bearing in mind that the whole concept of public health which has existed since the turn of the century is now directed to the concept of social welfare and positive health rather than the elimination of infectious diseases. Study must continue.

WATER SUPPLIES

It is customary for health authorities to associate themselves with their local water undertakings in testing the water supplies from the point of view of safety and adequacy. This is the case in the Island. Reports are occasionally received that the water on some occasions and in some areas has a slightly unpleasant taste, but the careful study of the facts involved has shown that no possible question of danger to health exists and that the slight unpleasantness which occurs is not capable of being eliminated, at any rate in our present circumstances. There is, however, another aspect of the water supply which is receiving close attention and that is the prevention of access to the mains supplies of traces of agricultural chemicals and insecticides. This is a problem which is being carefully studied on the mainland and one which must clearly be regarded as important in the Island in view of our intensive horticulture and the fact that much of our water supply is of surface origin. So far, nothing has emerged which might occasion any anxiety at all but constant vigilance is being maintained.

Another important aspect of our water supply is its serious deficiency in fluorine. The content varies between .03 and .004 parts per million and it is accepted that the proper content to safeguard children's teeth is 1.0 parts per million. A report produced some time ago by the School Dental Officer showed that 92% of children aged 6-11 years had some teeth missing or filled and in the age group 5-6 years the figure was 75%. Owing to the energetic tackling of this problem by the School Dental Officers the position has now improved but the cost of this service is substantial and it could be reduced over a period of time if the water were to be treated. There is, of course, a vast accumulation of literature both for and against this procedure but the inescapable fact remains that all responsible authorities, such as the British Medical Association, the British Dental Association and the Ministry of Health, give the procedure their consistent support.

This Department continues to endeavour to encourage it to be done here.

SWIMMING POOLS

Theoretically it might be held that a sea girt island with splendid beaches should not need swimming pools but this is not quite the case. It is very difficult and time consuming for schools to organise trips to the sea and the all important matter of teaching children to swim can only be efficiently carried out in swimming baths. The fact is that the more swimming pools we have the more children can be taught and this is most important not only from the point of view of safety but also as excellent physical recreation. In addition to enlarging and improving the existing pools at La Vallette others have been built or are to be built at St. Martin's, Forest, Vale, St. Peter's and St. Saviour's schools and at Blanchelande, Moulin Huet, Delmar Court, St. Martin's and St. Martin's Hotel and Greenfields, Castel. This can do nothing but good and we are offering co-operation in ensuring that the water is treated so as to be entirely safe.

There remains one big deficiency and that is the establishment of a covered and heated indoor swimming pool. The value of this would be inestimable, since it could be used all year round and a high standard of swimming maintained. Possibly this could be associated with the provision of a proper assembly hall to cater for conferences, entertainments and facilities for the youth of the Island to enjoy indoor activities.

SEWERAGE AND SEWAGE DISPOSAL

For many years past all new houses not within reasonable distance of a sewer have been constructed to be served by cesspits and little new sewerage work has been carried out. This is not a matter of great importance in areas which are little built-up, but the closer together the houses develop the greater the danger of nuisance and danger to health becomes. It is common practice for people deliberately to create openings in their cesspits in the hope of securing drainage into the sub-soil and consequent saving of cost, and sometimes this works quite well although it is illegal. In other cases, seepage takes place on the surface onto other people's property and worse still into someone's well. Cesspits are emptied at varying intervals by exhauster service which on the whole works well, though there has been difficulty in keeping up with the increase in the number of cesspits which amounts to some 400 a year, bringing the total now to something approaching 6,000. The whole system has many disadvantages. Considerable nuisance occurs when the cesspits are emptied, not only to the householder but also to his neighbours. The heavy vehicles add to the congestion and obstruction on our roads and the cost of emptying is a burden on the householder, who is encouraged to have this done at too infrequent intervals. Further, in areas subject to occasional flooding, serious nuisance and danger can arise.

Finally, there is the problem of disposing of the contents of the exhauster vehicles. At present this is done at various points at frequent intervals, very much to the dismay of people living in the vicinity. The heavy load placed on these areas is causing serious deterioration. The sewage, which is highly concentrated, is then discharged into the sea. If it can be led out some distance into moving tidal water this is not a bad thing and is a system widely used in costal towns in England. If, however, discharge is made close inshore in places where, or at times when the tide can turn inshore, nuisance can result and the consequent fouling of beaches can be damaging.

Recently it became evident that another outfall was urgently needed to keep pace with emptyings and a site was chosen at Creux Mahie on the south coast. This has given rise to much discussion in view of the popularity of the bays. The project, however, can be justified for the following reasons:

(i) there is no alternative,

(ii) if any pollution of the water near the beaches is demonstrated by repeated tests, purification methods can be put into effect which make the effluent safe before discharge, and

(iii) the project can be regarded as a fairly temporary one since it is hoped that conventional sewerage and treatment plants will be planned for the future.

The general policy which has been adopted is to press on with the provision of sewerage to serve the more densely populated areas both as regards new housing and in replacement of existing sewer drainage. It will be led to a sewage works discharging clean effluent.

In the autumn a visit was paid to the Sewage and Refuse Treatment Works in Jersey. It has encountered some difficulty since inception but now works very well. The general impression which was gained from studying this works, however, was that our approach to sewage disposal might be on simpler lines.

Of course, the cost of drains and sewers can only be justified in areas where there are sufficient houses and there remains the problem of small isolated estates of dwelling houses. It seems that by far the best way of dealing with this would be to serve them by small sewage treatment units and discharge the effluent into surface drains rather than to have a multiplicity of cesspits. Such drains would of course be remote from any source of public supply.

RODENT CONTROL

In an Island which is closely populated and extensively cultivated, the control of rats and mice becomes a matter of very great importance. The damage to live crops and stored foodstuffs, both by consumption and contamination by rodents, is very considerable and infectious diseases can also be spread in this way. The number of old and derelict buildings giving harborage to rats and mice does not help matters. As regards actual control, it is not sufficient to treat individual premises; to secure good results a whole area should be dealt with at a time. It is becoming abundantly clear that at present our system is not half as effective as it should be and additional personnel and equipment are urgently needed. It appears that, originally, commercial and agricultural interests who used the rat services were required to contribute towards its cost but this apparently fell into abeyance and for a long time the service has been free to all. A free service of any kind has several disadvantages:

(1) it does not encourage people to help themselves, either by rat proofing or destruction, and

(2) it means that those who do are subsidising the negligent.

Suggestions are now being considered along lines that:

(i) legal sanctions should be imposed upon people who fail to take adequate measures against rats,

(ii) a charge should be instituted only for services rendered to commercial undertakings, and

(iii) personnel and resources of the Rodent Department should be increased.

As regards larger concerns the best method might be to enter into a contract for regular services. Finally, it might be noted that a number of hotels, food stores and caterers have already indicated a desire to enter into such contracts.

PHARMACY, POISONS AND DANGEROUS DRUGS

Legislation dealing with these matters is somewhat complicated both legally and technically, especially as amendments are frequently necessary owing to the appearance of more and more complex drugs. The main objective in such legislation is to ensure complete control of dangerous drugs (drugs of addiction), poisons and medicaments which are capable of causing damage if too freely available to the public. The most potent of these are subject only to provision on prescription and registers are maintained. Less potent substances are entered in prescription registers and minor substances simply restricted to sale by qualified chemists only. Fortunately we enjoy a very large measure of co-operation from the chemists and they have their own ethical Association. Nevertheless, there are two practical points to which we are directing special attention. One is the fact that the chemists are forbidden to dispense prescriptions containing certain drugs except with the authority of a practitioner who is registered in the Island. Trouble sometimes arises when a visiting doctor tries to obtain drugs on his own prescription or when patients bring such prescriptions from the mainland. In either case, the situation can simply be met by a countersignature from a properly authorised physician. Second is the fact that there is the sale from multiple stores and other shops of articles not specified in the law as being permissible for them to sell. We propose to ensure that this practice is discontinued. In this connection it is interesting to know that many commonplace drugs such as asprin and phenacetin are now, at this late date, being found to be injurious in certain circumstances, and anxiety must be felt at the advent and free use of many very complex and relatively untried drugs.

There is, of course, another and equally disturbing side to all this and that is the steadily increasing amount of medication of the public generally which is taking place, at any rate on the mainland. This applies in part to the use of potent antibiotics demanded by patients for conditions which do not really merit them and secondly, and even worse, the increasing use of such things as pep pills and tranquillisers, especially by young people. In fact, the consumption of " pep " pills in England is some 5,000,000 a day and of tranquillisers and barbiturates, 1,150,000,000 a year. 4,000,000,000 aspirins are also sold.

This is, perhaps, one respect in which we are better situated here. Owing to our island situation and to good contact with the chemists, there is little risk of any addiction either to the potent drugs, such as heroin or pethidine, and not so great a risk in regard to the minor but still undesirable drugs. In view, however, of recent disclosures in Jersey, and the influx of visitors, the situation needs careful watching.

HOUSING AND PUBLIC HEALTH

The proposed new Island Planning Committee is not yet in being. There is no doubt that its potentialities are great even though much development has taken place before its emergence. This very fact, perhaps, enhances its importance because there is less choice of land available for housing and other projects. It is hoped that it may be of assistance in the continuing problem which has concerned the Board of Health for a long time, and that is the fantastic delay in clearing away ruined buildings and redeveloping useful and sometimes valuable sites. The public health menace of these derelict structures need not be emphasised. They are an eyesore, provide harborage for rats, are a danger to children and are used as public latrines. They stand as a sorry and discreditable monument to the weakness of the legislation which should enable them to be speedily swept away.

In addition to dealing with such dwellings, no doubt the question of slum clearance by areas will be considered. This again is long overdue and it is a disquieting thought that the amount of sickness and disability caused by living in a squalid environment is considerable. One example of this can be found in the persistence of pulmonary tuberculosis in the Island in circumstances where its almost complete eradication might have been achieved. There is still a number of cases where progress is hampered by unsatisfactory environment, and people suffering chronic disability are an economic loss to the community. The situation regarding housing is as follows:—

	31st Dec, 1958	31st Dec, 1959	31st Dec, 1960	31st Dec, 1961	31st Dec, 1962	31st Dec, 1963	31st Dec, 1964
Priority Families	37	23	17	17	15	16	8
Eviction Cases	43	34	24	40	51	54	70
17 to 37 points	167	112	80	53	41	51	67
1 to 16 points	193	190	194	196	225	216	243
No points	325	146	160	175	192	185	208
Totals:	765	505	475	481	524	522	596

These figures relate to families, not individuals. Allowing one child per family the figure of 500 should represent 1,500 persons seeking accommodation.

Once again, due weight should be given to the fact that the population does not increase rapidly. It will be recalled that the increase between 1958 and 1962 was only 2,100. Also, in considering the whole question of housing, allowance should be made for many families whose accommodation, while not so bad as to merit legal action or to encourage application for re-housing, is below the standard generally regarded as acceptable by modern ideas.

Finally, the problem posed by the occupation of caravans, sheds and shacks is still with us. For years the only control has been that of the Natural Beauties Committee whose powers in this respect are limited. Naturally, the housing shortage drives people to undesirable expedients, sometimes even to living in disused motor vehicles, and this is a deplorable state of affairs. Further efforts are being made to obtain powers for the licensing of caravans by the Board of Health.

HEALTH VISITING

Steady progress can be reported in this field. A great step forward was the authorisation for the strengthening of the staff by two further Health Visitors/School Nurses, bringing the total number to six. When recruitment has been made the immediate effect will be that districts covered can be made smaller and a steady improvement in personal contact between Health Visitors and families achieved. It must, of course, be recognised that even with increased staff we are still below the recommended ratio of Health Visitors to population which is generally accepted as one to 5,000. This would bring our total to nine ladies. Also it will be appreciated that the effective figure of our new strength will be really three since slightly more than half the time of these ladies is taken up with school medical services work.

As previously, we continued to take a broad view of the field which can be covered by the health visitor, including advice upon domiciliary care of elderly people, of handicapped children, and contact tracing in tuberculosis and infectious diseases. It can be said that, almost universally, there is friendly co-operation between the district nursing services and our own. In general, however, the whole system could be vastly improved by a closer integration. The principle of running child welfare clinics on a voluntary basis is outmoded and the whole maternity and child welfare service should be reorganised under the Board of Health. This is not, of course, to say that voluntary help, financial and otherwise, is not welcome and that the basic service of midwifery should not be a matter entirely for the Island's doctors. One of the first benefits which could accrue from the reorganisation would be the establishment of conveniently situated and properly staffed and equipped maternity and child welfare centres which could carry out ante and post-natal care and be centres for organised health education and training in mothercraft.

Finally, consideration is being given to the recent concept of "Association". This means closer co-operation between firms of doctors and the district nurses and health visitors, in which the services of the latter are related more directly to the practitioners. This is being tried out in certain parts of England and the results on the whole seem to be encouraging.

TABLE VI

Health Visitors Statistics

Health Visiting	*Total*
Primary Visit 0-1	674
Primary Visit 1-5	399
Revisit 0-1	885
Revisit 1-5	1,736
Old Persons	935
Mentally Disordered	18
Problem Families	35
Infectious Households	164
Special and other Visits	529
Non-effective Visits	846
Total Visits	6,221
Clinics	
T.B. and Chest	48
Inoculations and Vaccinations	31
Staff Medicals	84
Infant Welfare	48
Administration and Organisation	271
Miscellaneous	
Public Toilets	51
Other	21

ALDERNEY

Report from Dr. D. C. Bell

Population at last census: 1472

Epidemic Diseases

The epidemic of parotitis which began at the end of the previous year continued until March. In all, 18 adults were affected and 27 schoolchildren. Apart from 3 cases of chickenpox among visitors no other infectious diseases occurred.

Vital Statistics

Births: 14. A low record.

Deaths: 9.

The causes of death were:

Coronary Thrombosis	2
Cerebral Thrombosis	1
Myocardial Degeneration	2
Carcinoma of Spine	1
„ „ Lung	1
„ „ Colon	2

Clinics

Weekly infant welfare clinics were held as usual.

Following the case of tetanus last year Triple Diphtheria, Tetanus and Whooping Cough Vaccine was substituted for the straight Diphtheria vaccine.

26 Children received this vaccine.

35 Children received Oral Polio Vaccine.

16 Children received Smallpox vaccination.

School

Apart from the mumps epidemic the health of the school children was good.

Water Supply

The Bon Terre valley stream was brought into the main water supply giving an extra 50,000 gallons daily.

The supply is filtered and chlorinated and weekly bacterial tests are carried out.

Annual Rainfall: 30.16 inches Sunshine Hours 1,716.4

LABORATORY

Report from Mr. H. A. Wilson—Chief Technologist

SECTION 1. *General Laboratory Tests*

The total number of reports issued was 11,268, a marked increase. Specimens referred to Dorchester totalled 522, a decrease of 62 from 1963.

SECTION 2. *Public Health Tests*

This year the routine control laboratory testing followed the normal pattern with no specialised or unusual feature.

SECTION 3. *Blood Transfusion and Grouping Tests*

This year the demand for blood transfusions increased sharply needing 544 blood donations. The figure for 1963 was 430, a rise of 27%. The problem of adequate coverage for treating acute haemophiliac bleedings has now been partially remedied by keeping a stock of 1200 mls. of fresh prepared plasma deep frozen. This supply will help pending the provision of fresh blood drawn from emergency donations. The frozen plasma bank necessitates about 72 blood donations per annum. No request for emergency blood transfusions to take place in Sark, Herm or Alderney has so far been made. However, circumstances could arise to justify a request and it was considered prudent to stock blood transfusion transport boxes to be used for this purpose. During the year public appeals were made for more blood donor volunteers using the Press and Television media. The Press response in June and July was approximately 170, the Television which followed later in October, about 50. In the whole year 280 new blood donors were tested. This addition to the Blood Donor Register is very substantial and gratifying.

The Professions Supplementary to Medicine Act passed in 1960 and implemented in October 1963 provides for the Statutory Registration of qualified medical laboratory Technicians. This Act, the result of many years negotiations, gives full recognition to the profession and its high place in the modern structure of professions allied to medicine. The second major advance was the Whitley Council Management Committee decision to adopt the principle of relating the salaries of medical technicians in the N.H.S. with the salary structure of the Scientific Civil Service, thereby correcting many long standing anomalies of remuneration in the two Services. For many years this Department has lacked the stability of permanent technical staff because no additional local incentives or senior appointments have been made. Consequently, the considerable difficulty in the past in filling technical vacancies has been a constant burden on the two or three long service staff. However, the senior grades have now been sanctioned for 1965 and these appointments, when filled, should solve some of our problems.

A permanent adequate staff is necessary as a sound basis for future progress, especially now that the structural enlargement of the Department is under consideration. The need for refresher and specialised training courses is well known. It is hoped that some courses can be arranged in the near future to contribute to the widening of our laboratory facilities to comply with modern conceptions and standards.

9,508 reports were issued in 1963. This year the total is 11,401, an increase of 30%, and these records reveal the demand for laboratory facilities. All this progress must also be supported and sustained by good office administration and consideration regarding possible changes in its present staff structure are desirable.

SARK

Report from Dr. P. F. S. Court

During the year 1964 the health of the Island was good. In the early part of the year there were a few cases of mumps, nearly all in young men. Fortunately they escaped complications.

In the late summer there was an epidemic of measles. There were 28 cases, mostly not severe and there were no after effects. One child started the illness with convulsions. The only adult case, a woman, was extremely ill and was at one time delirious. Her convalescence was prolonged. The children made quick recoveries.

There were some cases of resistant throat infections in adults due to candida albicans. This organism appears to be growing in virulence but responds fairly well to gentian violet.

Summer gastroenteritis was rather less common than usual, except for one outbreak, involving 15 or more guests at one hotel, which was largely due to early cases treating themselves with Chlorodyne. As soon as medical advice was sought and the patients received Thalazole, the outbreak ceased.

If the form of enteritis which occurs in Sark is immediately treated with Thalazole or other sulphonamides, it almost always clears up in about 36 hours.

The sewage nuisance in Dixcart Valley is being corrected. No infection has been traced to this.

During the year there were four births in Sark and eight deaths of Sark inhabitants.

Males	*Age*	*Females*	*Age*
Coronary occlusion	64 years	Senility, Myocardial failure	80 years
Senility, Myocardial failure	93 ,,	Fractured femur and myocardial failure	75 ,,
Idiopathic steatorrhoea ...	56 ,,	Carcinoma of the bladder	49 ,,
Drowning (Accidental) ...	10 ,,	Drowning (Suicide)	35 ,,

RAINFALL—1964

January	1.45 ins.	July	.81 ins.
February	.87 ,,	August	.93 ,,
March	2.93 ,,	September	1.80 ,,
April	2.94 ,,	October	4.34 ,,
May	3.13 ,,	November	3.57 ,,
June	2.98 ,,	December	4.68 ,,

Total Rainfall: 30.43 ins.

THE SANITARY CONDITIONS OF GUERNSEY, ALDERNEY AND HERM

Report from Mr. J. Ball, Chief Public Health Inspector

INTRODUCTORY

In presenting this report I should like to express my appreciation of the help given me after my arrival here by Messrs Edwards and Le Tocq in imparting much local knowledge, and to the President and Members of the Board of Health for sympathetic consideration of the various recommendations I have felt it my duty to make so far.

HOUSING

Due to the lack of any legal standards of fitness it is difficult to appreciate in perspective the quality of housing standards, referring, of course, more to the tenanted properties than the owner-occupied dwellings. Due only to investigation of many referred complaints, the writer has formed the opinion that there is a considerable number of houses which are acutely sub-standard based on any reasonable standards of fitness acceptable in a modern and civilised society. The impression is obtained that there is reluctance on the part of owners not only to maintain their houses in a proper state of repair but also to effect improvements to their houses by the addition of modern amenities where practicable; such amenities include mains water supply inside the houses, modern sanitary accommodation and drainage, the addition of bathroom facilities, improved natural light and ventilation and suitable means for the storage and preparation of food.

Without a full-scale survey it is impossible to gauge the extent of the problem which faces the inspectorial staff to effect some degree of improvement in the Island's housing accommodation.

Overcrowding is far from absent on the Island and overcrowded shared accommodation is a tragic social error which modern society should not tolerate but, unfortunately, the abatement of overcrowding is far from easily achieved.

Houses for all are available—at a price. What price should the community and society pay for the investment in the citizens of tomorrow? It is in the main the married couples with young families who suffer the dearth of suitable accommodation at reasonable cost, whether by tenancy or by owner-occupation.

Individually Unfit Dwellings

During the year eight dwellings were represented as unfit and Closing Order Notices were served in each case. The issue of such notices is in some degree tied to the availability of suitable accommodation allocated by the Housing Authority. In three cases the unfit premises were vacated voluntarily and altenative accommodation obtained privately. Two premises of temporary nature were demolished, whilst one dwelling has been rehabilitated and the Closing Order revoked.

House Repairs and Sanitary Defects

A total of 229 items of structural work of mainly minor character were dealt with by informal negotiation and verbal agreement. No statutory disrepair notice was served during the year.

Movable Dwellings—Caravans

Five applications were received in respect of the siting of caravans, mainly in connection with the use of a permanent dwelling within the site. Four applications were approved, one being for temporary occupation only. One application was withdrawn.

ATMOSPHERIC POLLUTION

Smoke emissions in such quantity or degree to cause public health nuisance are not normally evident on the Island and 1964 saw no change in this respect. Minor smoke nuisances are very quickly and sensibly dealt with.

A very spasmodic nuisance arose during the year in respect of a stone crushing quarry; vehicles carrying such dust were allowing myriads of small particles to escape to the atmosphere. Sensible precautions, taken on the advice of this department, resulted in reduction of the nuisance.

GENERAL SANITATION

Water Supply

Quantitatively, the supply of water to the consumers was generally adequate. The usual checks on purity were carried out as below.

TABLE A

Bacteriological Sampling of Water

Source	*Number of Samples*		
	Total	*Satisfactory*	*Unsatisfactory*
Mains Supplies, including schools, camps, swimming pools ..	583	583	—
Well Water	182	140	42
Quarries	7	7	—
Public Pumps	22	19	3
Rain water (cisterns)	2	2	—
Supply Tanks	4	4	—
Herm	40	36	4
Jethou	10	10	—
Sark	2	2	—
Alderney	2	2	—
Sea Water (Swimming Pools—La Vallette)	6	6	—
Sea Water (Bays)	4	1	3
Streams	11	0	11
	875	812	63

Chemical Analysis of Water Supplies

The sampling of well water proved satisfactory and one sample of running water proved satisfactory considering the circumstances, the sampling and the nature and use of the water.

Comment on the Examination of Water Supplies

In the cases of unsatisfactory results, particularly well water samples, advice is given to the proposed user of such supply of the necessity for the installation of suitable purification equipment. In cases where it is practicable to make connection to a mains supply, this is strongly recommended.

House drainage, Cesspools and Septic Tanks

Under this general heading can be classified a very great deal of work carried out by the Inspectors. It comprises mainly the investigation of complaints caused by leaking, inefficient and defective cesspools and soakways. This may not be spectacular work and very often involves hours of painstaking investigatory work but the resultant informal action to remedy the defects found is invaluable in the prevention of gross pollution. Strictly enforceable legislation should be available to deal with this problem.

Refuse Storage, Collection and Disposal

This service progressed efficiently and satisfactorily with no serious complaint or nuisance. Tipping at the present States Tip is controlled and covering material is available and spread at the end of each working day. Routine visits were made to this tip by the public health inspectors and rodent officer.

Public Conveniences

Routine visits were made during the year to all public conveniences. No serious defects were found.

SCHOOLS

An informal survey of sanitary accommodation and personal washing facilities was carried out towards the end of the year. Defective and insufficient accommodation in these respects is to be taken up with the Education Council, at whose request the survey was carried out.

The following Tables refer to various aspects of work carried out by the Public Health Inspectors (Referring to Inspections other than Foods Premises)

TABLE B (i)

Housing Inspections

Request for inspections—ex Housing Authority	48
Requests from other sources (i.e. complaint)	132
Sanitary defects and drainage	251
House drains tested	96
Re-inspection of work in progress or completed	265

TABLE B (ii)

Work carried out by Verbal Agreement

External repair to dwelling houses	30
Internal repair to dwelling houses	45
Sanitary defects made good	39
Roof repairs	19
New gutters and rainwater pipes provided	8
New water closets provided	7
New cesspools	4
Drainage systems exposed, examined and repaired	19
Unofficial refuse "dumps" cleaned or covered	9
Nuisances investigated and abated	58

TABLE B (iii)

Other Visits and Inspections

Camp Sites and proposed camp sites, Caravan Sites	32
Schools	42
Workplaces and workshops	15
Controlled Tips	29
Uncontrolled Refuse Tips	17
Visits with Health Visitors	31
Visits with Building Inspectors	92
Public Conveniences	62
Bays, beaches	17
Septic Tanks	18
Visits with Medical Officer of Health	6
Bathing Pools	14
Markets	8
Miscellaneous Visits	234
Ineffective visits (No access)	75
Geriatric visits	5
Interviews and requests for advice	236
Nuisances investigated and abated	146
Verminous premises	45

RODENT CONTROL

TABLE C

		Average daily No. of complaints	*Maximum No. of complaints per day*
Number of complaints of surface and other infestations	2,688		
Number of visits made, investigations carried out	2,834	9	36
Number of treatments carried out	2,517		
Number of secondary treatments carried out	148		

Wasp Destruction

132 wasps nests were treated or destroyed during the year; no fewer than 96 complaints were received during a three months period at the height of the summer, severely straining the working day schedule of the Rodent Officer in respect of whose services for wasp destruction no charge is made. I would add that there is no statutory obligation or precedent for this service to be carried out by the Board of Health.

Comments on Rodent Control

Measures taken during the year were, of necessity, in response to complaints. Preventive treatment or routine survey work is impossible for one rodent officer to carry out. This officer continued throughout the year to apply the most expeditious method of rodent destruction according to the circumstances and time available to him.

The service at present is freely available to all, the cost being borne by the States. A chargeable system would, in my opinion, result in the provision of a more efficient and proper service.

DISINFESTATION

Premises

48 premises, mainly domestic, were disinfested during the year by the use of insecticidal dust.

Personal

Two persons were personally disinfested.

Clothing

The clothing of the two persons above-mentioned was destroyed or disinfested where found to be verminous.

FOOD, FOOD HYGIENE, FOOD PREPARATION PREMISES

Details of visits and inspections made by the Public Health Inspectors in the field of food hygiene are given below.

TABLE D

Wholesale food stores	76
Retail shops (for food surrender only)	60
Retail shops—routine visits	36
Restaurants, Cafés	103
Bakehouses	35
Butchers shops outside Market	3
Fish and Chip shops	36
Food consumer complaints investigated	23

TABLE E

Inspections of Hotels and Guest Houses

Hotels and Guest Houses	with Tourist Inspector	208
,, ,, ,, ,,	Public Health Inspectors—routine visits	86
,, ,, ,, ,,	with Building Inspectors ...	29

TABLE F

Food samples (including complaint samples) analysed.

Nature of sample	*Results*	*Action taken*
Peanuts	Satisfactory	—
2 Bread samples	Satisfactory	—
2 Bread samples	Iron oxide found	Warning letter to Bakery
5 Bread samples	Mouse droppings found	Warning letter to Bakery
Tinned Beans	Satisfactory	—
2 Tins Pork	Discoloration	Wholesalers advised
Bread	Bakery grease contaminant	Warning letter to Bakery
Grapefruit	Satisfactory	—
Cream	Satisfactory	—
Milk (ex States Dairy)	Slivers of paper found	Dairy advised
Tinned TUNA fish	Satisfactory	—
Cider	Contaminant smell	Brewery advised
Bread	Mouse droppings found	Warning letter to Bakery
2 Bread samples	Satisfactory	—
2 Tinned steak	Satisfactory	—
Bread	Mouse droppings found	Referred for prosecution —but withdrawn

TABLE F (A)

Special Sampling of Sausages for Analysis

	Percentage of Filler	*Percentage of Meat*	*Percentage of Water*
1) Locally produced—PORK	20.9	76.6	2.5
2) Locally produced—BEEF	22.1	76.4	1.5
3) Locally produced—PORK	15.2	83.0	1.8
4) National Manufacturer—PORK	22.5	65.4	12.1
5) National Manufacturer—PORK	19.7	76.0	4.3
6) National Manufacturer—PORK	20.0	72.6	7.4
7) National Manufacturer—PORK	16.3	76.8	6.9

Comment on Results:

The price paid per pound was broadly similar in each case. Based on arbitrary standards the results seem quite satisfactory.

It is noticeable that one product made by manufacturers of national repute shows the poorest result with the highest moisture content.

The results fail to disclose the pork or beef content of the meat.

It is appropriate at this stage to note that controlling legislation regulating meat content and standards is to be shortly introduced in the United Kingdom and consideration is being given to recommending its introduction here.

TABLE G

FOOD SURRENDERED AS UNSOUND OR UNFIT FOR HUMAN CONSUMPTION

Fish:

Cockles—1 jar.
Cod Roe—5 tins.
Crabmeat—10 tins.
Dover Sole—154 lbs.
Herrings—2 tins.
Kippers—1 tin.
Norway Sild Fish—2 tins.
Pilchards—18 tins.
Salmon—26 tins.
Salmon Spread—1 jar.
Sardines—3 tins.
Shrimps—3 tins.
Tuna fish—7 tins.

Fruit and Fruit Juices:

Apples—1 tin.
Apple Sauce—1 tin.
Apple and Bramble—11 tins.
Apricots—39 tins.
Blackberries—17 tins.
Blackcurrants—60 tins.
Cherries—4 tins.
Damsons—2 tins.
Fruit Cocktail—27 tins.
Fruit Salad—85 tins.
Gooseberries—16 tins.
Guavas—1 tin.
Loganberries—3 tins.
Melon Cubes—1 tin.
Oranges—295 tins.
Orange Juice—9 tins.
Peaches—103 tins.
Peaches (fresh)—4 trays.
Pears—80 tins.
Pears (fresh)—2½ cases.
Pineapples—48 tins.
Pineapple Juice—12 tins.
Plums—122 tins.
Prunes—6 tins.
Raspberries—14 tins.
Strawberries—4 tins.
Tomatoes—97 tins.
Tomato Juice—7 tins.

Jams and Marmalades:

Apple and Raspberry Jam—1 jar.
Apricot Jam—1 jar.
Blackcurrant Jam—1 jar.
Lemon Curd—4 jars.
Marmalade—18 jars.
Plum Jam—1 jar.
Strawberry Jam—1 jar.

Meats:

Bacon—581 lbs.
Bacon—1,971 pkts.
Beef, minced—13 tins .
Beefsteak Pudding—1 tin.
Brisket Beef—4 lbs.
Corned Beef—15 tins.
Chicken Fillets—2 jars.
Chopped Chicken—1 tin.
Fores—84 lbs.
Frankfurter Sausages—1 tin.
Ham and Tongue Loaf—10 lbs.
Kidneys—2 tins.
Kidneys—4 doz.
Lamb Tongues—12 ozs.
Luncheon Meat—47 lbs.
Minced Beef Loaf—1 tin.
Meat and Onion Roll—15½ lbs.
Ox Tongue—13 tins.
Polonies—48 lbs.
Potted Beef—1 jar.
Roast Beef—6 lbs. 4 ozs.
Roast Duck—3 lbs. 10 ozs.
Sausages—897½ lbs.
Sausages—48 cases.
Sausage Meat—20½ lbs.
Steak and Kidney Pie—37 tins.
Steak Pudding—2.
Stewed Steak—19 tins.
Veal (jellied)—12 lbs.
Veal Ham and Egg Loaf—15¾ lbs.
Whole Chicken—3¾ lbs.

Meat with Vegetables:

Beans and Sausages—2 tins.
Beef and Vegetables—2 tins.
Chicken and Mushroom Curry—1 tin.
Chili-con-carne—2 tins.
Irish Stew—3 tins.
Lancashire Hotpot—3 tins.
Steak and Vegetables—1 tin.

Vegetables:

Baked Beans—32 tins.
Beetroot—49 lbs
Broad Beans—4 tins.
Butter Beans—5 tins.
Carrots—21 tins.
Celery—2 cases.
French cut Beans—1 tin.
Mixed Vegetables—6 tins.

Peas—124 tins.
Sauerkraut—1 tin.
String Beans—7 tins.

Other :
All Bran—1 pkt.
Almonds—14 lbs.
Bolognese—5 tins.
Butter—43 lbs.
Castor Sugar—4 lbs.
Cheese—72 pkts.
Cheese—43 lbs. 6 ozs.
Chestnuts—66 lbs.
Chocolate Cake Mix—1 pkt.
Cream—4 tins.
Creamed Sago—1 tin.
Crisps—37 cartons.
Curry—2 tins.
Dates—1 box.
Eggs—120 doz.
Flour—39 lbs.
Gherkins—22 lbs.
Grain Meal—210 lbs.
Granulated Sugar—69 lbs.
Ice Wafers—1 case.
Instant Whip—9 pkts.
Jellies—6.
Jelly Crystals—21 lbs.
Macaroni—1 tin.
Macaroni Cheese—1 tin.
Madeira Cakes—3.
Milk—398 tins.
Mincemeat—3 jars.
Mustard—2 jars.
Ovaltine—1 tin.
Pie Filling—28 tins.
Puffed Wheat—7 pkts.
Quaker Oats—12 pkts.
Quick flan Sponge—42½ doz. pkts.
Rice Krispies—1 pkt.
Rice Pudding—29 tins.
Romana—1 tin.
Salt—24 pkts.
Sauce—3 bottles.
Scone Mix—5 pkts.
Savoury Rice—2 tins.
Soup—115 tins.
Soft Drink—1 tin.
Spaghetti—2 tins.
Spaghetti Bolognese—3 tins.
Steamed Pudding—8 tins.
Tapioca Pudding—2 tins.
Tomato Paste—1 jar.

TABLE H

Farms and Dairy Inspections

Interviews with Farmers re unsatisfactory milk results	26
Inspection of new milk retailers equipment and shop depots	13
Farms visited for check samples and unsatisfactory conditions	21
Visits to States Dairy	54

Milk Samples taken for Analysis

Sample for Phosphatase tests	54
All reported satisfactory.	
Samples for Mastitis investigation	6

TABLE I

Ice Cream

Number of Samples taken :

Imported or Non-local	83
Local manufacture	16

Results :

Prov. Grade I	Satisfactory	53
,, ,, II		28
,, ,, III	Unsatisfactory	8
,, ,, IV		10

With the Compliments
of the
Medical Officer of Health,
Guernsey

As regards the unsatisfactory results, the bulk of these were found to be in the soft mix category and the cause was, in most cases, due to improper sterilisation techniques applied to the machines, dispensers and servers. Repeat samples proved satisfactory.

Comments on Food Hygiene

A realistic approach to the practical aspect of food and food preparation premises inspection could not be maintained during the year without adequate staff. In my opinion at least one inspector could be gainfully employed full-time on this aspect of environmental hygiene alone.

On an Island such as Guernsey, a very attractive holiday resort for visitors, it seems that one of the " shop windows " of the Island will be, to many visitors, the general appearance and hygienic attractiveness of the food shops and hotels and other catering establishments. Very often this aspect is one of the first impressions the visitor may receive of the facilities the Island has to offer in this particular field.

With the existing inspectorial staff it is impossible and impracticable to apply even a moderate system of routine inspection, let alone to spend the time necessary in talking to the food traders offering advice and guidance on food hygiene generally, and handling storage, preparation service and display in particular. With additional staff much could be attempted and much achieved.

Relevant enforcing legislation should also be available to apply the necessary pressure when required. This means the introduction of legislation similar to the Food Hygiene (General) Regulations, 1960. This is long overdue.

DISINFECTIONS

Premises disinfected :

Princess Elizabeth Hospital (Wards, Rooms, Cubicles) ...	13
Nursing Home	1
Private Houses	2

Articles of Clothing, Bedding, etc. disinfected :

Princess Elizabeth Hospital	351
St. John Ambulance Brigade	48
King Edward Sanatorium	5
Castel Hospital	18
Other States Premises	15
Private Houses	20

DISINFESTATIONS

Dwelling houses, including States houses	48
Restaurants	1

ALDERNEY

No routine or request visits were carried out during the year.

HERM ISLAND

Routine visits were made during the summer months in respect of water sampling and rodent control service.

The proposed extension and improvement of the main preparation kitchen of the main hotel is to be commended and should bring the premises to an acceptable and recognised standard of catering hygiene.

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Public Health Department		*Date of commencement of service with States*
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WHITE, Dr. C. G., M.B.E.	M.A., B.M., B.Ch., D.P.H., D.I.H. Assistant Medical Officer of Health	15.11.62
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GALLIENNE, Miss M. E.		20. 8.62
BLAMPIED, Miss C.		9. 4.63

APPENDIX I

Population by Age-groups, 1931 — 1951

	1931			1951			Percentage increase or decrease (–) 1931-1951			Percentage increase or decrease (–) 1931–1951			Percentage distribution of population			
	Persons	Males	Females	Persons	Males	Females	Persons	Males	F'mls.	Persons	Males	F'mls.	1931	1951	1931	1951
Age last birth-day	Guernsey & Adjacent Islands									England & Wales			Guernsey and Adjacent Islands		England and Wales	
0–4	3,617	1,793	1,824	4,187	2,116	2,071	15.8	18.0	13.5	24.3	26.1	22.6	8.5	9.2	7.5	8.5
5–9	3,633	1,860	1,773	2,980	1,507	1,473	–18.0	–19.0	–16.9	– 4.8	– 3.7	– 6.0	8.5	6.6	8.3	7.2
10–14	3,343	1,704	1,639	3,318	1,723	1,595	– 0.7	1.1	– 2.7	–12.3	–11.8	–12.8	7.8	7.3	8.0	6.5
15–24	6,959	3,465	3,494	6,039	2,943	3,096	–13.2	–15.1	–11.4	–18.7	–19.0	–18.5	16.3	13.3	17.3	12.9
25–34	6,387	3,080	3,307	6,332	3,164	3,168	– 0.9	2.7	– 4.2	– 0.8	2.5	– 3.9	14.9	13.9	16.1	14.5
35–44	5,549	2,565	2,984	6,653	3,391	3,262	19.9	32.2	9.3	22.3	31.0	15.0	13.0	14.6	13.7	15.3
45–54	5,081	2,432	2,649	5,864	2,853	3,011	15.4	17.3	13.7	21.5	24.8	18.6	11.9	12.9	12.4	13.7
55–64	4,063	1,959	2,104	4,657	2,081	2,576	14.6	6.2	22.4	22.6	14.9	29.5	9.5	10.2	9.3	10.4
65 +	4,111	1,817	2,294	5,466	2,313	3,153	33.0	27.3	37.4	62.8	54.9	68.8	9.6	12.0	7.4	11.0
All Ages	42,743	20,675	22,068	45,496	22,091	23,405	6.4	6.8	6.1	9.5	9.8	9.2	100.0	100.0	100.0	100.0

APPENDIX II

SELECTED GUERNSEY HEALTH STATISTICS

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Infant Mortality Rate per 1,000 Live Births	19.5	25.1	29.5	14.2	32.6	31.6	13.1	26.9	19.9	33.0	22.3	19.7	14.3	21.1	17.6	28.5	21.32
Neo-Natal Deaths Rate per 1,000 Live Births	12.5	17.6	22.6	9.0	20.3	19.4	8.7	16.5	14.2	16.5	18.1	14.1	13.0	17.1	11.3	24.9	15.71
Still Births Rate per 1,000 Live Births	24.2	23.9	20.1	14.2	21.7	20.6	13.1	8.9	24.2	18.0	22.3	19.7	22.1	23.8	17.6	15.44	7.86
Pulmonary T.B. Rate per 1,000 ..	0.79	0.61	0.42	0.27	0.21	0.18	0.11	0.14	0.19	0.12	0.04	0.15	0.11	0.07	0.04	0.06	0.03

APPENDIX III

DEATHS BY AGE GROUPS AND CAUSES — 1964

Intern List No.	Cause of Death	0–1		1-4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Grand Total*
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP I *Infective and parasitic Diseases:*																			
002	Pulmonary Tuberculosis	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	3	—	3
010	Tuberculosis of meninges and central nervous system	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
	Totals: GROUP I	—	—	—	—	—	1	—	—	—	—	1	—	2	—	—	—	3	1	4
	GROUP II *Cancer and other Tumours*																			
143	Floor of Mouth	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
144	Other and unspecified parts of mouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
148	Pharynx, unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
150	Oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
151	Stomach	—	—	—	—	—	—	—	—	—	—	4	—	5	1	3	2	12	3	15
153	Large intestine, except rectum	—	—	—	—	—	—	—	—	—	—	1	—	2	2	—	4	3	6	9
154	Rectum	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	1	3
155	Biliary passages and liver (primary site)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
156	Liver (secondary and unspecified) ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
157	Pancreas	—	—	—	—	—	—	—	—	1	—	—	1	—	2	1	—	2	3	5
160	Nose, nasal cavities, middle ear and accessory sinuses	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
161	Larynx	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2
	Carried forward	—	—	—	—	—	—	—	—	1	—	8	1	11	7	7	8	27	16	43

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75+		Total all Ages		*Grand Total*
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	1	—	8	1	11	7	7	8	27	16	43
	GROUP II (Continued)																			
	Cancer and other Tumours																			
162	Bronchus and trachea, and of lung specified as primary	—	—	—	—	—	—	—	—	—	—	2	—	2	1	—	—	4	1	5
163	Lung, unspecified as to whether primary or secondary	—	—	—	—	—	—	—	—	—	—	4	—	6	2	1	1	11	3	14
170	Breast	—	—	—	—	—	—	—	—	—	1	—	1	—	3	—	3	—	8	8
171	Cervix uteri	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	3	3
172	Corpus uteri	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
174	Uterus unspecified	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	3	3
175	Ovary, Fallopian tube and broad ligament	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2
176	Other and unspecified female genital organs	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
177	Prostate	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	4	—	4
181	Bladder and other urinary organs ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2	3
193	Brain and other parts of nervous system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
196	Bone	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
197	Connective tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
199	Other and unspecified sites	—	—	—	—	—	—	—	—	—	1	2	1	1	—	—	4	3	6	9
200	Lymphosarcoma and reticulosarcoma	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Totals: GROUP II	—	—	—	—	—	—	—	—	1	2	16	11	23	18	11	18	51	49	100

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Grand Total*
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP III *Allergic, endocrine system, metabolic and nutritional diseases*																			
241	Asthma	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	2	3
260	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	2
	Totals: GROUP III	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	—	2	3	5
	GROUP IV *Diseases of the blood and blood-forming organs*																			
293	Anaemia of unspecified type	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
	GROUP V *Mental, psychoneurotic and personality disorders*																			
300	Schizophrenic disorders (dementia proecox)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
322	Alcoholism	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals: GROUP V	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
	GROUP VI *Diseases of the nervous system and sense organs*																			
331	Cerebral Haemorrhage	—	—	—	—	—	—	—	—	—	—	4	2	3	8	8	14	15	24	39
332	Cerebral embolism and thrombosis	—	—	—	—	—	—	—	—	—	—	3	—	1	1	5	20	9	21	30
334	Other and ill-defined vascular lesions affecting central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	7	6	7	13
	Carried forward	—	—	—	—	—	—	—	—	—	—	7	2	5	9	18	41	30	52	82

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Grand Total*
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	—	—	7	2	5	9	18	41	30	52	82
	GROUP VI (Continued) *Diseases of the nervous system and sense organs*																			
340	Meningitis, except meningococcal and and tuberculous	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
350	Paralysis agitans	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	2	2	4
351	Cerebral spastic infantile paralysis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
352	Other cerebral paralysis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	1	2	3
353	Epilepsy	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	2	2
356	Motor neurone disease and muscular atrophy	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	3	—	3
	Total: GROUP VI	—	1	—	—	—	1	—	—	—	—	9	3	7	11	21	43	37	59	96
	GROUP VII *Diseases of the circulatory system*																			
410	Diseases of mitral valve	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	1	1	2
416	Other heart disease specified as rheumatic	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
420	Arteriosclerotic heart disease, including coronary disease	—	—	—	—	—	—	—	—	1	—	25	5	21	11	15	13	62	29	91
421	Chronic endocarditis, not specified as rheumatic	—	—	—	—	—	—	—	—	—	—	—	1	2	1	3	1	5	3	8
422	Other myocardial degeneration	—	—	—	—	—	—	—	—	—	—	—	1	—	2	7	9	7	12	19
433	Functional disease of heart	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
434	Other and unspecified diseases of heart	—	—	—	—	—	—	—	—	1	—	8	1	5	2	8	10	22	13	35
	Carried forward	—	—	—	—	—	—	—	—	2	1	35	9	29	17	33	33	99	60	159

Intern List No.	Cause of Death	0—1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		*Total all Ages*		*Grand Total*
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	2	1	35	9	29	17	33	33	99	60	159
	GROUP VII (Continued)																			
	Diseases of the circulatory system																			
440	Essential benign hypertensive heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
443	Other and unspecified hypertensive heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
444	Essential benign hypertension	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	3	3
450	General arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	6	8	6	9	15
451	Aortic aneurysm, non-syphilitic, and dissecting aneurysm	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
452	Other aneurysm, except of heart and aorta	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
456	Other diseases of arteries	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
460	Varicose veins of lower extremities ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
462	Varicose veins of other specified sites	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
465	Pulmonary embolism and infarction	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	3	1	4
	Totals: GROUP VII	—	—	—	—	—	—	—	—	2	1	35	14	31	19	41	45	109	79	188
	GROUP VIII																			
	Diseases of the respiratory system																			
490	Lobar pneumonia	—	1	—	—	—	—	—	—	—	—	1	1	1	—	—	2	2	4	6
491	Bronchopneumonia	—	—	—	—	—	—	—	—	—	—	2	1	2	1	2	5	6	7	13
493	Pneumonia, other and specified ...	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	3	1	4
	Carried forward	1	1	—	—	—	—	—	—	—	—	4	2	3	1	3	8	11	12	23

Intern List No.	Cause of Death	0 – 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	1	1	—	—	—	—	—	—	—	—	4	2	3	1	3	8	11	12	23
	GROUP VIII (Continued) *Diseases of the respiratory system*																			
500	Acute bronchitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
501	Bronchitis unqualified	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
502	Chronic bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	4	1	4	2	8	3	11
522	Pulmonary congestion and hypostatis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
526	Bronchiectasis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Totals: GROUP VIII	1	1	—	—	—	—	1	—	—	—	4	3	9	2	7	11	22	17	39
	GROUP IX *Diseases of the Digestive System*																			
540	Ulcer of stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
541	Ulcer of duodenum	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
561	Hernia of abdominal cavity with obstruction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
570	Intestinal obstruction without mention of hernia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
571	Gastro-enteritis and colitis except ulcerative, age 4 weeks and over ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
572	Chronic enteritis and ulcerative colitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	1	3
576	Peritonitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
578	Other diseases of intestines and peritoneum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
581	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	5	1	1	1	—	—	6	2	8
587	Diseases of pancreas	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Totals: GROUP IX	—	—	—	—	—	—	—	—	—	—	6	2	4	1	3	3	13	6	19

Intern List No.	Cause of Death	0 – 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP X																			
	Diseases of genito-urinary system																			
592	Chronic nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
	GROUP XI																			
	Deliveries and complications of pregnancy, childbirth and the puerperium																			
670	Delivery complicated by placenta praevia or ante-partum haemorrhage	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
	GROUP XIV																			
	Congenital malformations																			
754	Congenital malformations of circulatory system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
755	Cleft palate and harelip	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
757	Congenital malformations of genito-urinary system	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
	Totals: GROUP XIV	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	1	3
	GROUP XV																			
	Certain diseases of early infancy																			
762	Postnatal asphyxia and atelectasis ...	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
769	Neonatal disorders arising from certain diseases of the mother during pregnancy	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	–	1	1
	Carried forward	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4

Intern List No.	Cause of death	0 – 1		1 – 4		5–14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
	GROUP XV (Continued)																			
	Certain diseases of early infancy																			
770	Haemolytic disease of newborn (erythroblastosis)	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
774	Immaturity with mention of any other subsidiary condition	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
776	Immaturity, unqualified	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	6
	Totals: GROUP XV	9	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	4	13
	GROUP XVI																			
	Symptoms, senility, and ill-defined conditions																			
782	Symptoms referable to cardiovascular and lymphatic system	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	-	3	3
792	Uraemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
794	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	1	1	13	31	14	32	46
	Totals: GROUP XVI	—	—	—	—	—	—	—	—	—	—	—	—	1	2	14	34	15	36	51
	GROUP N.XVII																			
	Alternative classification of Accidents, poisonings, and violence (nature of injury)																			
N.803	Fracture of face bones	—	—	—	—	1	1	1	—	—	—	1	—	—	—	—	—	3	1	4
N.820	Fracture of neck of femur	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
	Carried forward	—	—	—	—	1	1	1	—	—	—	1	—	—	—	1	1	4	2	6

Intern List No.	Cause of Death	0 – 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	1	1	1	—	—	—	1	—	—	—	1	1	4	2	6
	GROUP N.XVII (Continued) *Alternative classification of accidents, poisonings, and violence (nature of injury)*																			
N.864	Injury to liver	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	—	2
N.968	Poisoning by carbon monoxide ...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	3	—	3
N.990	Drowning and non-fatal submersion	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	3	—	3
N.991	Asphyxia and strangulation	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	2
N.996	Injury of other and unspecified nature	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals: GROUP N.XVII	1	—	—	—	2	1	2	—	3	—	5	—	—	—	2	1	15	2	17

DEATHS BY AGE GROUPS—SUMMARY

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Total* 1964	*Total* 1963
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
GROUP I:	Infective & parasitic diseases	—	—	—	—	—	1	—	—	—	—	1	—	2	—	—	—	3	1	4	7
GROUP II:	Cancer and other tumours	—	—	—	—	—	—	—	—	1	2	16	11	23	18	11	18	51	49	100	101
GROUP III:	Allergic, endocrine system, metabolic & nutritional diseases ...	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	—	2	3	5	9
GROUP IV:	Diseases of the blood & blood forming organisms	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	2
GROUP V:	Mental, psycho neurotic & personality disorders	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2	3
GROUP VI:	Diseases of the nervous system and sense organs	—	1	—	—	—	1	—	—	—	—	9	3	7	11	21	43	37	59	96	85
GROUP VII:	Diseases of the circulatory system ...	—	—	—	—	—	—	—	—	2	1	35	14	31	19	41	45	109	79	188	183
GROUP VIII:	Diseases of the respiratory system ...	1	1	—	—	—	—	1	—	—	—	4	3	9	2	7	11	22	17	39	42
GROUP IX:	Diseases of the digestive system	—	—	—	—	—	—	—	—	—	—	6	2	4	1	3	3	13	6	19	13
GROUP X:	Diseases of the genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	4
	Carried forward	1	2	—	—	—	2	1	—	3	3	72	35	77	53	85	121	239	216	455	449

Intern List No,	Cause of Death	0 –1		1 – 4		5 – 14		15–24		25–44		45–64		65 74		75+		Total all Ages		*Total* 1964	*Total* 1963
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	Brought forward	1	2	—	—	—	2	1	—	3	3	72	35	77	53	85	121	239	216	455	449
	GROUP XI: Delivery and complications of pregnancy, childbirth & the puerperum	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	–
	GROUP XIV: Congenital malformations	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	1	3	5
	GROUP XV: Certain diseases of early infancy	9	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	4	13	18
	GROUP XVI: Symptoms, senility and ill-defined conditions	—	—	—	—	—	—	—	—	—	—	—	—	1	2	14	34	15	36	51	51
	GROUP N.XVII: Alternative classification of accidents, poisonings & violence (nature of injury) ...	1	—	—	—	2	1	2	—	3	—	5	—	—	—	2	1	15	2	17	19
	TOTALS:	12	7	—	—	2	3	3	—	7	4	77	35	78	55	101	156	280	260	540	542

Causes of Infant Deaths—Under one month

		M	F	Total
754	Congenital malformations of circulatory system	1	—	1
762	Post-natal asphyxia and atelectasis	2	1	3
769	Neo-natal disorders arising from certain diseases of the mother during pregnancy	—	1	1
770	Haemolytic disease of new-born (erythroblastosis)	-	1	1
774	Immaturity with mention of any other subsidiary condition	2	—	2
776	Immaturity unqualified	5	1	6
		10	4	14

Causes of Infant Deaths—From One month to One year

		M	F	Total
340	Meningitis, except meningococcal tuberculous	—	1	1
490	Lobar pneumonia	—	1	1
493	Pneumonia, other and unspecified	1	—	1
755	Cleft palate and harelip	—	1	1
N.991	Asphyxia and Strangulation..	1	—	1
		2	3	5

APPENDIX IV

VITAL STATISTICS—COMPARISON, GUERNSEY/UNITED KINGDOM

		1962	1963	1964
Infant Mortality Rate	England and Wales	22	20.9*	20*
	Guernsey	18	28.5	21.3
Neo-Natal Death Rate	England and Wales	15	14.2*	13.8*
	Guernsey	11	24.9	15.7
Maternal Mortality	England and Wales	.4	.28*	.25*
	Guernsey	—	—	1.1
Tuberculosis (Respiratory)	England and Wales	.06	.06*	.05*
	Guernsey	.04	.12	.04
Cancer All Forms	England and Wales	2.1	2.2*	2.2*
	Guernsey	2.5	2.2	2.2
Cancer of Lung	England and Wales	.5	.5	.5*
	Guernsey	.5	.5	.5*
		.6	.6	.4

* Provisional Figures.

APPENDIX V

PUBLIC HEALTH DEPARTMENT

Cost of Operation

LABORATORY

Analysis	£501	0	10
Cleaning and Sundries	323	14	8
Medical Supplies and Equipment	1,736	9	4
	£2,561	4	10

PUBLIC HEALTH

Cleaning, Fuel Light and Water				£315	18	3
Infectious Diseases—						
Doctors' Fees	167	17	0			
Drugs, Vaccines, etc.	837	18	8			
				1,005	15	8
Postages, Stationery and Telephone				331	15	3
Salaries, Wages and Superannuation				23,138	12	7
Travelling Expenses				1,110	12	11
V.D. Clinic				494	11	1
Other Expenses				1,295	15	11
				27,693	1	8
Less: Recoveries from Education Council				4,000	0	0
				£23,693	1	8

APPENDIX VI

REPORT TO GUERNSEY EDUCATION COUNCIL
ON
SCHOOL MEDICAL SERVICES

Altogether 1,963 schoolchildren were examined during 1964 of whom 1,534 were seen at routine medical inspections at their schools and 429 were seen at clinics at Lukis House, A further breakdown of these figures is tabulated below:

TABLE A. CHILDREN EXAMINED (at school)

	BOYS	GIRLS	TOTAL
INFANTS	279	262	541
JUNIORS	248	289	537
SENIORS	275	181	456
TOTAL	802	732	1,534

The tables below record the defects noted, divided into Infants, Juniors and Seniors and further divided into boys and girls. It might be thought that the numbers indicate a formidable degree of unfitness in the school population but this would be untrue. In fact, the general level of physical fitness among Guernsey schoolchildren is high, and it should be remembered that, in many instances, the defects recorded were already under treatment. Where this was not so and defects were noted for the first time, children were referred to their own doctors for advice, except in the case of defective eyesight, speech defects and behaviour problems; who were referred to the special clinics within the School Medical Services administration. For example, 156 children were referred for ophthalmic consultation, 44 to the Speech Therapy Clinic and 30 new cases went to the Child Guidance Clinic.

TABLE B INFANTS

Defects found at schools 1964

	Girls	Boys	Total
Teeth	66	74	140
Skin	7	9	16
Eyes	32	29	61
E.N.T.	27	28	55
T's and A's	28	30	58
Speech	7	10	17
Heart	12	5	17
Lungs	10	20	30
Asthma	1	3	4
Orthopaedic	2	4	6
Flat Feet	58	54	112
Behaviour problems	4	2	6

TABLE C JUNIORS

Defects found at schools 1964

	Girls	Boys	Total
Teeth	80	61	141
Skin	3	5	8
Eyes	56	57	113
E.N.T.	27	23	50
T's and A's	2	2	4
Speech	—	1	1
Heart	1	2	3
Lungs	3	7	10
Orthopaedic	1	2	3
Flat Feet	83	72	155
Behaviour problems	2	4	6

TABLE D SENIORS

Defects found at schools 1964

	Girls	Boys	Total
Teeth	7	18	25
Skin	4	3	7
Eyes	43	65	108
E.N.T.	13	14	27
Speech	—	1	1
Heart	2	—	2
Lungs	—	5	5
Flat Feet	53	88	141

It cannot be repeated too often, for it is so frequently misunderstood, that the School Medical Services work alongside and in co-operation with the general practitioners of this island, not in competition with them. It is pleasant to record an ever growing co-operation between family doctor and school doctor, a happy relationship which makes the work of the School Medical Services more effective and more rewarding.

The types and numbers of cases seen at the School Medical Services clinics at Lukis House are shown at Table E.

TABLE E SCHOOL MEDICAL SERVICES CLINICS

Defects	Seen	Referred
Eyes	136	86
T's and A's	9	5
Hearing	36	28
Speech	34	25
Behaviour problems	17	13
Asthma	5	3
Other Defects	19	—
School Milk	16	—
Extra Nourishment	1	—
M.P.T.	31	—
B.C.G.	28	—
Medical Inspections	74	—
Training College Candidates	23	—

From these tables above it may be fairly deduced that the School Medical Services have a task to carry out which is of benefit to the well-being of the community as a whole. While no-one is more acutely aware of its shortcomings than the school doctor, the figures give some indication of the efforts being made to meet this task.

SPEECH THERAPY

At the end of the summer term Miss F. J. Alexander relinquished her appointment as Speech Therapist on completion of a very useful year's work for the Education Council. There is a considerable shortage of Speech Therapists for each of whom there is a wide choice of appointments throughout Great Britain in hospitals, Education Authorities and special schools. Indeed, many places remain unfilled on the mainland, and the Education Council had to join the ranks of those waiting for their speech therapist post to be filled. It was the greatest good fortune that Mrs. Marjorie Todd L.R.A.M. (Eloc.) L.G.S.M. (Eloc.) volunteered to fill the vacancy until the end of the year. Her skill and enthusiasm, combined with her natural understanding of children, have been of enormous help. Far from allowing herself to be content with keeping the clinic in being as a caretaker, she has imprinted her personality upon a pattern of speech training which has proved of great benefit to her patients. Sincere thanks are due to her for tackling a formidable task so effectively in a very short space of time.

CHILD GUIDANCE

The Child Guidance Clinic, begun in 1963, has continued to meet a very real need. Children with patterns of unnatural behaviour occur in every society, however sophisticated or however humble. The sources of departure from the normal are legion and special experience is necessary to unravel the many complexities which each case can present. It is most valuable to have the advantage of Dr. Salisbury's opinion and advice at the Child Guidance Clinic.

OPHTHALMIC AND ORTHOPTIC SERVICES

The policy of examining the eyesight of every new entrant to the schools, also begun in 1963, is now established practice. Mrs. Edwards, our Orthoptist, visits every infant school every term and ensures that each child is examined as soon as possible after school entry. That this was a necessary step is reflected in the greatly increased proportion of infants referred for specialist opinion and commencing orthoptic treatment. The detection and correction of defective eyesight in Guernsey schoolchildren is probably the most effective of all the School Medical Services and for this sincere thanks are due to Dr. F. R. Neubert.

TABLE F *Cases of Visual defect referred for Specialist Opinion*

(*a*) By School Medical Officer from school examination	70
(*b*) By School Medical Officer from Lukis House clinics	86
(c) By Orthoptist from school examination	70
TOTAL	226

(*d*) Squint operations performed by Dr. Neubert	29
(*e*) New cases to Orthoptic Clinic	113
(*f*) Total attendances at Orthoptic Clinic	2,063
(*g*) Discharged from Orthoptic Clinic	69

Mrs. Edwards comments that the response from parents and children continues to be excellent and she wishes to acknowledge, with gratitude, much valuable assistance in her work from teachers and from the resident Chief Inspector of the N.S.P.C.C.

TUBERCULIN TESTING AND B.C.G. VACCINATION

During the year the tuberculin testing of infants and the B.C.G. vaccination of juniors continued as in previous years. The detail is shown in Tables G and H below.

TABLE G INFANTS

Total Infants examined	541			
Known to be tuberculin positive ...	16			
Eligible for M.P.T.		525		
Absent for M.P.T.		5		
M.P.T. refused by parents		23		
		28		
M.P.T. performed			497	
Found to be tuberculin positive			2	
Found to be tuberculin negative				495

TABLE H JUNIORS

Total Juniors examined	537			
Known to be tuberculin positive ...	26			
Absent for M.P.T.	10			
M.P.T. refused by parents	40			
	76			
M.P.T. performed		461		
Found to be tuberculin positive ...		8		
Eligible for B.C.G.			453	
Absent for B.C.G.			1	
B.C.G. refused by parents			7	
			8	
Number of Juniors protected by B.C.G vaccination				445

It will be noted that the acceptance rate for the tuberculin testing of infants is as high as 95.6% which can only be regarded as a very satisfactory proportion. The acceptance rate for juniors is lower, at 92.2%, and the rate for the B.C.G. vaccination of tuberculin negative juniors is 92.8% which is very close to the figure for 1963 of 93.9%. B.C.G. vaccination in Guernsey is now an established feature of the Board of Health's work among schoolchildren, for the programme has been in existence now since 1953.

SUMMARY OF THE WORK OF THE SCHOOL NURSES

The following table lists some of the activities of the four School Nurses/ Health Visitors in connection with the School Medical Services during 1964.

TABLE I

Home Visits		
Effective	350	
Non-effective	39	
Total home visits		389
Head Inspections		
Number of sessions		123
Number of children inspected		17,024
Number of children found infested ...		492
Number of children excluded from school		192
Number of families concerned		416
Medical Inspections		*Sessions*
Preparation for medical inspection ...		48
Attendance at medical inspections ...		92
Tuberculin testing		83
Reading tuberculin tests		62
B.C.G. vaccination		35
Miscellaneous		
Attendance and preparation of S.M.S Clinics		62
Administration and organisation ...		91

Early in the year it became clear that existing measures were inadequate to deal with the constant problem of pediculous heads. The numbers of infested children were not unduly alarming, but an enormous amount of time was being wasted dealing with them. The whole procedure was overhauled and re-organised, but the single factor most responsible for improvement has been the change from the use of a different preparation. The old one was a sticky emulsion which had to be applied to the washed head and allowed to remain in contact with the hair for 24 hours. It had a disagreeable smell, the anointed head marked out the child under treatment and its effectiveness, in the hands of the child's parents, was in doubt. On the other hand the new preparation is a shampoo of much greater acceptability to parents and patients and its effectiveness has been very much greater. Whereas the old treatment had to be insisted upon, the new treatment was welcomed. This one factor has changed the picture and towards the end of the year it was clear that the new routine was responsible for fewer exclusions (thus less lost school time), less time wasted in cleansing infested children, and far fewer recurrent infestations. It is hoped that 1965 will show even further improvement.

It should be noted that each School Nurse is also a Health Visitor. This is a beneficial combination of responsibility but the point to be emphasised here is that each School Nurse can only spend half her time devoted to School Medical Services duties. Each nurse has approximately 1,850 within her sphere of responsibility—that is, a rate of 3,700 children per full-time school nurse. This is a prodigious work-load and each is to be congratulated upon the success with which she has met this considerable burden during the year. It is exhausting and exacting work she has to do and one looks forward to the possibility that this may be shared by the recruitment of two more Health Visitor/School Nurses. Even so the rate will continue this coming year, to exceed 2,500 children per full-time school nurse, a ratio which should not give any reason for satisfaction.

GENERAL

It is a fact that almost the whole of the School Medical Services are manned part-time, from the School Medical Officer to the clerks. With or without the introduction of selective medical examination (see below) a strong case exists for the establishment of a full time administrative officer to take charge of the organisation and administration of the School Medical Services. If it is accepted that the School Medical Services have a worthwhile task to perform, then any wastage of skilled personnel within it is quite uneconomic. A full-time administrator would be able to ensure a greater degree of efficiency than can now be attained. Better planning of existing resources will help to absorb some of the work overload now being sustained only by extending existing personnel beyond acceptable limits and making inroads upon their time, which should properly be devoted to their alternative tasks.

FUTURE CONSIDERATIONS

The application of selective school medical examinations to the School Medical Services is now under scrutiny and it is hoped to produce a paper shortly for the consideration of the Education Council. At the present time the broad scheme of medical examinations follows that practised by a majority of Education Authorities in the United Kingdom. That is to say, every endeavour is made to examine every school child three times during the school career of ten years. These examinations fall naturally into place during the first and last years a child is at school and an intermediate examination at the age of 10 or 11 years. The school population is nearly 8,000 and thought must now be given to concentrating the School Medical Services on those children most in need. A large number of very healthy children is examined each year and the time spent examining them would best be allocated to seeing those children whose health is not as good.

The principle of selective school examination involves the thorough inspection of all new entrants and all school leavers, as at present. For the intermediate examination, an attempt is made to exclude all those children who are really fit and healthy. This is achieved by sending a detailed questionnaire, requiring simple "Yes" or "No" answers, to the parents of all children of the 10/11 year age group who would be due for examination in that year. By a close scrutiny of the returned questionnaire and existing school medical records for each child, a decision is made on whether or not to include the child for medical examination. If there is every reason to think that no useful purpose can be served by examining the child, then his or her name will be excluded from the intermediate examination, leaving more time to be devoted to those children who are most likely to benefit from being seen by the school doctor. It will still be necessary to do a screening test of all 10/11 year olds to determine normal eyesight, for experience shows that 20% of all children developing short sight, do so between the ages of 8 and 12 years. It will also be necessary to modify the B.C.G. vaccination programme, so that all new entrants (who are tuberculin negative) are vaccinated at age 5/6 years and further tuberculin testing will be carried out on all school leavers, vaccination being offered to all negative reactors. This, in fact, is a preferable scheme to that now followed, for it means that a higher level of protection against tuberculosis will be provided for a longer period, and that the whole of the most vulnerable period will be covered. A change to selective examination would necessitate a considerable reorganisation within the administration of the School Medical Services, but the experience of those Education Authorities who have led the way in selection has shown that a better medical service is afforded within the necessarily limited skilled resources available. It will mean closer co-operation with school teachers and family doctors, but this is something to which one can look forward with pleasure and by no means an argument against the introduction of selective examination.

SCHOOL DENTAL SERVICE REPORT 1964

INSPECTIONS

During the year, the following schools were inspected:—

Amherst (Infants and Junior).
Ker Maria.
Hautes Capelles.
La Chaumiere.
St. Sampson's (Infants and Secondary).
Vale (Infants and Junior).
Castel.
Forest.
Vauvert (Infants and Secondary).
St. Saviour's.
Delancey.
St. Joseph's.

This made a total of 3,681 inspected at school. Children absent on the day of school inspection totalled 252, all of whom were subsequently sent appointments to attend the clinic, so that as far as possible, each school would have been inspected in its entirety. The number of children requiring treatment was 1,891 (61.3%). Each individual school was then sent for and the treatment completed before the next one was inspected. This meant that there was no undue delay between inspection and treatment.

TREATMENT

Conservative

The demand for fillings is increasing year by year. Very few refused conservative treatment. Over four thousand permanent teeth were filled compared with 781 deciduous teeth, a ratio of 5.5 to 1.

The ideal would be to increase the conservation of deciduous teeth, and thus avoid the loss of space caused by their early extraction. I feel that we must concentrate on the permanent dentition, especially between the ages of 8 and 15 years. Thus, we may ensure that as high a proportion as possible of children leave school with their mouths in good order.

EXTRACTIONS

Permanent extractions were about the same, 907 as compared to 953 in 1963 whereas the extractions of deciduous teeth increased from 2,374 to 2,876. Regarding the permanent extraction figures, it is evident that this is kept as high as this by the children who attend as emergencies only. This feature of the Schools Dental Service, will only be eliminated by Dental Health Education and consequently a greater realization on the part of parents and children of the importance of oral hygiene. Deciduous extractions were performed:—

(*a*) To relieve pain.
(*b*) To render a mouth caries free.
(*c*) To allow the permanent dentition to erupt.

GENERAL ANAESTHETICS

General anaesthetics increased this year due to:—

(*a*) A steady demand.
(*b*) Suitability, where more than one tooth was extracted.
(*c*) Where infection made local infiltration analgesia impossible.

ORTHODONTIC AND DENTURE SERVICE

A total of 52 orthodontic appliances and dentures were fitted, as compared with 75 for 1963.

X-RAYS

The installation of a Phillips Oralix X-Ray machine at the clinic has proved a tremendous help in Diagnostic as well as Endontic and Orthodontic work. A total of 345 X-Rays have been taken since the installation of the apparatus in April.

EQUIPMENT

I am very pleased to report that provision has been made for the installation of one airoter in the lower surgery, and the addition of one water/air syringe attachment to both units. This additional apparatus will help tremendously to increase the volume of conservative work during 1965.

FIGURES FOR 1964

EXTRACTIONS	
Permanent Teeth	907
Temporary Teeth	2,876
FILLINGS	
Permanent Teeth	4,325
Temporary Teeth	781
SCALINGS	541
GUM TREATMENT	31
GENERAL ANAESTHETICS	1,348
ORTHODONTIC AND PROSTHETIC	52
TREATMENT COMPLETED	3,231